

CITIZEN COMPLIANT REPORTDATE: 12-31-2012TIME: 8:50 am

(Complaint received)

Janice Moore
(Signature)COMPLAINANT NAME: (b) (6)ADDRESS: (b) (6)PHONE NUMBER: (b) (6)NATURE OF COMPLAINT: Headaches - was at the Mobile station whereincident occurred.

DESCRIPTION OF ODOR: _____

PERIOD OF TIME ODOR NOTICEABLE: _____

WIND DIRECTION AND ATMOSPHERIC CONDITIONS: _____

COMPLAINT REFERRED TO: _____ Operations Superintendent Referral Date: _____

☒ Compliance ManagerTime: 8:51 am☐ On-Call Manager

INVESTIGATOR(S) FOUND: _____

ACTION TAKEN: ☐ On-site Investigation ☐ Complainant's Site Investigated☐ Phone call☐ Return call

Date: _____

Time: _____

FOLLOW-UP REQUIRED: _____

FURTHER COMMENTS: _____

DATE: 12-31 GUARD/CHEL Employee: 0164621